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INDIANAPOLIS, INDIANA 46204-5137**FAX COVER SHEET**NO. OF PAGES: COVER SHEET PLUS 37 PAGE(S)TO: Examiner Theresa Trieu - Art Unit 3748FAX TELEPHONE NO.: 1-703-872-9306FROM: John V. MoriartyDATE: June 6, 2005☐ CONFIRMATION OF RECEIPT REQUESTED IF CHECKED.

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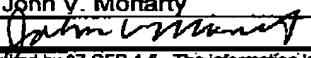
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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/751,553
	Filing Date	January 5, 2004
	First Named Inventor	Anthony Waterworth
	Art Unit	3748
	Examiner Name	Theresa Trieu
Total Number of Pages in This Submission	Attorney Docket Number	5722-2

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached (PTO Form 2038) <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Drawings (7 sheets) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="text"/>	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks <input type="text"/>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or individual name	John V. Moriarty Woodard, Emhardt, Moriarty, McNett & Henry LLP
Signature	
Date	June 6, 2005

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Signature		Date	6 JUNE 05

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**FEE TRANSMITTAL
FOR FY 2005**

Effective 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act (H.R. 4818).

☒ Applicant claims small entity status. See 37 CFR 1.27Total Amount of Payment (\$)**60.00****Complete if Known**

Application Number	10761,653
Filing Date	January 6, 2004
First Named Inventor	Anthony Waterworth
Group Art Unit	3748
Examiner Name	Theresa Trieu
Attorney Docket Number	5722-2

METHOD OF PAYMENT (check all that apply)
☐ Check ☒ Credit card ☐ Money ☐ Other ☐ None ☐ Other (please identify):

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FEE CALCULATION:**1. BASIC FILING, SEARCH AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	80	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>
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$$\frac{16}{20} \text{ or HP} = \frac{0}{20} \times \frac{0}{20} = 0 \quad \text{Fee ($)} \quad \text{Fee Paid ($)}$$

$$\text{HP} = \text{highest number of total claims paid for, if greater than 20}$$

$$\frac{1}{3} \text{ or HP} = \frac{0}{3} \times \frac{0}{3} = 0 \quad \text{Fee ($)} \quad \text{Fee Paid ($)}$$

$$\text{HP} = \text{highest number of independent claims paid for, if greater than 3}$$
3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
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$$\frac{\text{Total Sheets}}{50} = \text{_____} \text{ (round up to a whole number)} \times \text{_____} = \text{_____}$$

4. OTHER FEE(S)	Fee Paid (\$)
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Non-English Specification. \$130 fee (no small entity discount)

Other: Extension of Time Fee **\$60.00****SUBMITTED BY:**

Name (Print/Type):	John V. Moriarty	Registration No.:	26,207	Telephone:	(317)634-3458
Signature:	<i>John V. Moriarty</i>	(Attorney/Agent)		Date:	6 JUN 05

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Signature	<i>John V. Moriarty</i>		